QuickTOX Chart

MIAMI DADE FIRE RESCUE
HAZARDOUS MATERIALS RESPONSE TEAM

Common Medication Overdoses

Drug / Agent	Signs of toxicity	Possible Treatment
Ca Channel Blockers **Verapamil, Cardizem, Nifedipine**	Bradycardia, Impaired conduction, Shock, Cardiac arrest	NS Bolus, Epinephrine Calcium Chloride, Glucagon
Beta Blockers **Atenolol, Metoprolol, propranolol**	Bradycardia, Impaired conduction, Shock, Cardiac arrest	NS Bolus, Epinephrine Calcium Chloride, Glucagon
Tricyclic Antidepressants **Amitryptylene, Nortryptyline, Imipramine**	Tachycardia, Bradycardia, Ventricular arrhythmias, Impaired conduction, Shock, Cardiac arrest	**Sodium Bicarbonate** Hyperventilation Lidocaine Epinephrine
Cardiac Glycosides **Digoxin, Digitoxin, Foxglove, Oleander**	Bradycardia, Ventricular arrhythmias, Supraventricular Arrhythmias, Impaired conduction, Shock, Cardiac arrest	Atropine, Volume, Lidocaine, electrolytes
Opioids **Heroin, Morphine, Fentanyl, Methadone**	Hypoventilation, Bradycardia, Hypotension, Miosis (pupil constriction)	Ventilation **Naloxone**
Antipsychotics **Meclizene, Thorazine, Haldol, Compazine, Pt.s taking Cogentin**	Twitching, Tongue movement & twitching, painful upward gaze	**Benadryl** Fluids

Common Recreational / Club Drugs

Drug / Agent	Signs of toxicity	Possible Treatment
MDMA / Ecstasy (Stimulant / Hallucinogen)	Hallucinations, Euphoria, Hyperthermia, Grinding of the teeth, Dilated pupils, Tachycardia, HTN, Seizures, Excited delerium	Cool hyperthermic patients immediately. Benzodiazepines for seizures. ***NO BETA BLOCKERS***
GHB (Gamma hydroxy buterate) *"G, Easy Lay, Blue Nitro"*	Euphoria, Dizziness, Sedation, myoclonic jerking, Nausea / Vomiting, CNS depression, Resp. depression	Position patient to open airway, Monitor airway closely, intubate if needed, Treat bradycardia with ACLS
Barbiturates *"Downers"*	CNS depression, Resp. Depression, Bradycardia, Hypotension	Airway management, Ventilate, Fluid challenge initially for hypotension, Treat bradycardia with ACLS
Hallucinogens *"LSD, Acid, Mushrooms"*	Hallucinations, Panic, Nausea/Vomiting, Excited delerium	Supportive care & observation. Benzodiazepines for excited delirium
PCP *"Peace Pill, Angel Dust, Horse tranquilizer"*	Hallucination, Catatonia, Sedation, Tachycardia, Hypertension, Dilatet pupils, Continuous seizures, Unrecognized trauma (anesthetic effects of PCP)	Pt. may be violent. Call for police assistance. Monitor airway and vitals, Benzodiazepines for excited delirium.

Poison Control Hotline: 1(800)222-1222

Non Cardiogenic Pulmonary Edema:

Assess, monitor and maintain an adequate airway. Responders must consider early aggressive airway management in severe cases. **Apply Oxygen via NRB mask or consider intubation and ventilation with PEEP in severe cases**. Drugs such as diuretics must be carefully considered and MCP should be consulted. Limit fluid administration. Consider that NCPE may be secondary to chemically induced cardiogenic shock and treat with local protocols.

Patient Assessment:

**The patient must be decontaminated before you can proceed. A contaminated patient can present poisoning risks to the responders.*

Initial Assessment: Assess for responsiveness, life threatening injuries and missed contamination

Airway: Assess for an open and patent airway

Look for discoloration around the lips and nostrils indicating burns

Listen for audible stridor or an inability to speak indicating possible upper airway swelling

Respiratory: Assess Rate, Rhythm and Quality of respirations

Auscultate lung sounds!

Stridor can indicate upper airway swelling

Wheezing – bronchospasm or edema

Rales can indicate pulmonary edema either cardiogenic, non-cardiogenic, or chemically induced PE.

Circulation Assessment

Assess Rate, Rhythm, and Quality of the patient's pulse

Assess skin color, temperature and condition

Assess for JVD

Look for signs of shock as well as signs of toxicity such as CO (cherry red skin)

Assess SaO^2 / Capillary refill **(remember that SaO^2 may be unreliable)**

Obtain a baseline ECG to assess for trends. Look for abnormal QRS, QT interval, and ventricular ectopy

Mental / Neurological Assessment

GCS, Look for stroke-like symptoms. Rule out hyperglycemia / hypoglycemia

Cutaneous

Look for any discoloration indicating chemical burns, especially around the head, face and neck areas

Trauma

Trauma can exacerbate the patient's condition. Compensated shock can accelerate absorption of toxins.

SAMPLE History – *include **all** allergies and hypersensitivities. Also, scrutinize past medical Hx. Paying special attention to medications.*

Decontamination: If the chemical's solubility is above 10%, decontaminate with water. If the solubility is less than 10%, decontaminate with a detergent and water (soap and water)

Cardiac Care:

Acute cardiac signs and symptoms should be treated with the latest ACLS protocols. For patients in PEA, consider poisoning / toxicity as a possible cause. Remember that chest pain, SOB and hyper / hypotension can be secondary to toxicity. In these cases, victim removal, decontamination, and high flow O2 delivery can be effective as initial treatment.